Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Stage Dunn - Emit
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): NUTRATION OBS. COM ASERVISES SOBS. COM
Address of Service Provider: 900 Bridge Way Ste 1 Sausaluto CA 94965
Name of Agent Designated to Receive
Notification of Claimed Infringement: STALEY Dunn-Emile
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 900 Fridaway Sc Savauto (A 9496) Telephone Number of Designated Agent: 415 671 7556
Facsimile Number of Designated Agent: 415 440 4090
Email Address of Designated Agent: Stacey @ North on John Com
Signat Cer or Papresentative of the Designating Service Provider: Date: 1/1 0%
Typed or Printed Name and Title: STALLY Dunn-Gulle, Owner
CCANNED 0 3 = 20 / 20 0 8

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.





JAN 28 2008 COPYRIGHT OFFICE